

FILED JUL 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH157 022860
STATE FILE NUMBER 6127

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>812</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>Chicago</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Miss. Pac. Hosp. H-3</u>		d. STREET ADDRESS <u>5744 S. Parkway</u>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Robert</u> Last <u>Sangster</u>		4. DATE OF DEATH Month <u>7</u> Day <u>1</u> Year <u>57</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 18, 1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waiter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gulf, Mob. Ohio</u>	
11. BIRTHPLACE (City and state or country) <u>Hickman, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Sangster</u>		14. MOTHER'S MAIDEN NAME <u>Annie Williams</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>709-12-3242</u>	
17. INFORMANT <u>Nancy D. Sangster</u>		Address <u>5744 So. Parkway Chicago, Ill.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of esophagus with metastasis.</u> DUE TO (b) <u>metastasis.</u> DUE TO (c) <u>old myocardial infarction</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <u>150x</u>	
20c. TIME OF INJURY Hour <u>6-13-57</u> Month <u>7</u> Day <u>1</u> Year <u>57</u> a. m. <u>AM</u> p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <u>Chicago, Illinois</u>		COUNTY <u>Chicago, Illinois</u> STATE <u>Ill.</u>	
21. I attended the deceased from <u>6-13-57</u> to <u>7-1-57</u> and last saw her alive on <u>7-1-57</u> Death occurred at <u>4:05 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Deceased or wife) <u>John D. Robert MD</u>	
22b. ADDRESS <u>1755 S. Main</u>		22c. DATE SIGNED <u>7-1-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (R.R.)</u>		23b. DATE <u>7/1/57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Chicago, Illinois</u>		23d. LOCATION (City, town, or county) (State) <u>Chicago, Illinois</u>	
24. FUNERAL DIRECTOR <u>C.W. Roberts Und. Co</u>		ADDRESS <u>1416 N. Taylor Ave.</u>	
25. DATE RECD. BY LOCAL REG. <u>JUL 2-57</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.